



6P3624  
TFC

PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031  
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Paul E Schaafsma, NovusIP, LLC		
Signature			
Printed name	Paul E Schaafsma		
Date	10 August 2006	Reg. No.	32,664

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PTO/SB/82 (01-06)

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**REVOCA<sup>T</sup>ION OF POWER OF ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/764,558
Filing Date	18 January 2001
First Named Inventor	Annunziata
Art Unit	3624
Examiner Name	Charles R. Kyle
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

Firm or  
Individual Name: Paul E Schaafsma, NovusIP, LLC

Address: 521 West Superior Street  
Suite 221

City: Chicago State: Illinois Zip: 60610-3135

Country: USA

Telephone: 312.664.0906 Email: pschaafsma@novusip.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature: *Vincent P. Annunziata*

Name: Vincent Annunziata

Date: 7-AUG-06

Telephone:

203-327-7000 x111

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/764,558
Filing Date	18 January 2001
First Named Inventor	Annunziata
Title	Trading Simulation
Art Unit	3624
Examiner Name	Charles R. Kyle
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Paul E Schaafsma, NovusIP, LLC	32,664

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Paul E Schaafsma, NovusIP, LLC	
Address	521 West Superior Street Suite 221		
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Country	USA		
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Vincent P. Annunziata	Date	7-AUG-06
Name	Vincent Annunziata	Telephone	203-327-1000 ext 111
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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